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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/243,102
		Filing Date	February 2, 1999
		First Named Inventor	MacLachlan, Ian
		Art Unit	1635
		Examiner Name	J. Zara
Total Number of Pages in This Submission	10	Attorney Docket Number	020801-000920US

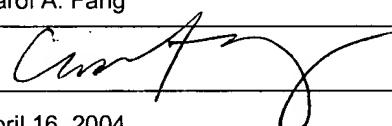
ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard	
			<input type="checkbox"/> Drawing(s)
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition
			<input type="checkbox"/> Petition to Convert to a Provisional Application
			<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
			<input type="checkbox"/> Terminal Disclaimer
			<input type="checkbox"/> Request for Refund
			<input type="checkbox"/> CD, Number of CD(s)
			<input type="checkbox"/> After Allowance Communication to Group

Remarks

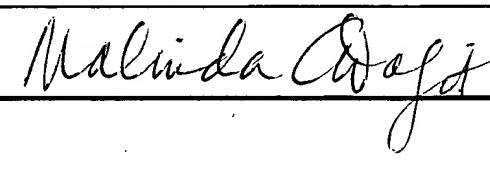
The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Carol A. Fang	
Signature		
Date	April 16, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Malinda C. Dagit		
Signature		Date	

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On 16 April 2004

TOWNSEND and TOWNSEND and CREW LLP

By: Malinda Doagit



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Ian MacLachlan, et al.

Application No.: 09/243,102

Filed: February 2, 1999

For: SYSTEMIC DELIVERY OF
SERUM STABLE PLASMID LIPID
PARTICLES FOR CANCER THERAPY

Customer No.: 20350

Confirmation No.: 2007

Examiner: J. Zara

Technology Center/Art Unit: 1635

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed April 2, 2004, Applicants submit the following response.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.